



STATE OF WYOMING
Department of Revenue
Liquor Division
1520 E 5th Street
Cheyenne, WY 82002-0110
(307) 777-7233



APPLICATION FOR 24 HR CATERING PERMIT

Licensing Authority: _____

Permit From: ____ / ____ / ____ To: ____ / ____ / ____ Local Permit Number: _____

Number of Days Permitted: _____ Fee per day: _____ Total Fee: _____
(Maximum 12 Days) (≥\$10.00 & ≤\$100.00)

Applicant: _____ D/B/A: _____

Contact Person: _____ Phone: (____) ____ - ____

Company Location: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Residence Phone: _____

Physical Location of Sales: _____

Zoning of Location: _____

FILING AS (CHOOSE ONLY ONE)

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months, and provide personal information in table below.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

<i>Applicants Legal Name</i>	<i>Date of Birth</i>	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State & Zip</i>	<i>Residence Phone Number</i>	<i>For corp or LLC. No of years in corp or LLC</i>	<i>For corp or LLC. % of Stock Held</i>	<i>Have you been Convicted of a Felony Violation?</i>	<i>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?</i>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)							

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for _____ (Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers or Directors, except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, or **TWO (2)** Club Officers.) W.S.12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Dated this _____ day of _____, _____.
Applicant

Applicant

Signature of Licensing Authority Official

Title
Date